

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

19384

SCHEDULE A (Rev. 12/13)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

2015 JAN 19 AM 7:32

COMMITTEE NAME (Must be same as on Statement of Organization)
Re-Elect Ditsworth Recorder

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

FOR DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FUND- RAISER INCOME
10/18/14	ID# CK#	Ardyce Scheppmann Box 364, Spirit Lake IA 51360		\$100	<input type="checkbox"/>
10/18/14	ID# CK#	Boyd Northey 2260 160th Ave, Milford IA 51351	Father	200	<input type="checkbox"/>
11/10/14	ID# CK#	Ann Ditsworth 2220 195th Ave, Milford IA 51351	Self	600	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 900	
TOTAL (If last page of this schedule)				\$ 900	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no applicable in the relationship column.

Page 1 of 1 familial relations
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Re-Elect Ditsworth Recorder

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/10/14	ID# CK# 1002	Tri State Litho Ltd 2005 Aurora Ave W Spirit Lake IA 51360	signs	\$ 522.16
11/10/14	ID# CK# 1003	Lakes News Shopper Box 192 Milford IA 51351	newspaper ads	244.96
11/10/14	ID# CK# 1004	DickCo Cable News Inc PO Box 213 Milford IA 51351	tv ads	149.00
11/29/14	ID# CK# 1005	Lakes News Shopper Box 192 Milford IA 51351	newspaper ads	88.90
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1005.02
TOTAL (if last page of this schedule)				\$ 1005.02

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Re-Elect Ditsworth Recorder

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DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
12/8	Ann Ditsworth 2220 195th Ave Milford IA 51351	Self	Loan forgiven	\$ 574.87	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 574.87

TOTAL (if last
page of this
schedule) \$ 574.87

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)

RESET

COMMITTEE NAME (Must be same as on Statement of Organization)

Re-Elect Ditsworth Recorder

SCHEDULE

F

(Rev. 02/08)

LOANS
RECEIVED
& REPAYED☐ CHECK THIS BOX IF
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 600PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I)

\$

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
12/8/14	Ann Ditsworth 2220 195th Ave Milford IA 51351	self	\$ 25.13

TOTAL CASH REPAYMENTS (PART II)

\$ 25.13

From Schedule E -- TOTAL LOANS FORGIVEN

\$ 574.87

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 600 -

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.